

**MAYOR AND CITY COUNCIL OF BALTIMORE**

**DEPARTMENT OF LAW  
CENTRAL BUREAU OF INVESTIGATION**  
Room 31 City Hall, 100 Holliday Street  
Baltimore, Maryland 21202  
(410) 396-3400

**FOR OFFICE USE ONLY**

Invest: \_\_\_\_\_

Date: \_\_\_\_\_

File #: \_\_\_\_\_

**STATEMENT OF CLAIM**

Claimant's full Name:	Address (include postal zone):	Home Phone: Business Phone:
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Age	Social Security No:	Marital Status:	Spouse's Name:
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The Incident (describe fully)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Property Damaged (described fully)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have insurance to cover this loss?	Did you file a claim with your insurance company regarding this loss?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of insurance company:	Policy No:	Effective Dates:
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Estimated Damages: (describe fully)

\_\_\_\_\_

Witnesses Names and Addresses

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**IF ANYONE WAS INJURED, FILL IN BELOW**

Name of Injured Party:	Address:
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Name of Injuries: \_\_\_\_\_

Attending Doctor's Name: \_\_\_\_\_

If Treated at Hospital, Give Name and Address: \_\_\_\_\_

Occupation:	Employer's Name and Address:
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Time Loss From Work?	Specify Dates:	Salary:
No <input type="checkbox"/> Yes <input type="checkbox"/>		Why:

Was Incident Reported?:	To Whom:	When:
No <input type="checkbox"/> Yes <input type="checkbox"/>		

**I do solemnly swear and affirm under penalty of perjury that the above representations are true and correct to the best of my knowledge. I understand that false statements constitute fraud and will be referred to the State's Attorney for prosecution. I further swear and affirm that I have not been indemnified by an insurance company for the loss (as) that I now claim.**

\_\_\_\_\_  
Claimant's Signature

Dated: (Month) \_\_\_\_\_ (Day) \_\_\_\_ (Year) \_\_\_\_\_

**Complete and return to above Bureau**

**\*NOTICE**

**Please provide any estimates that you have.  
Failure to do so may delay processing.**

# PROPERTY EVALUATION FORM

[illegible]

**Complete and return to above Bureau**